

Case Number:	CM14-0031227		
Date Assigned:	04/09/2014	Date of Injury:	07/13/2012
Decision Date:	05/27/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/29/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 63-year-old female with a date of injury of 07/13/2012. The listed diagnoses per [REDACTED] are: 1) pain in right shoulder joint; 2) pain in right upper arm. According to report dated 08/08/2013 by [REDACTED], the patient presents with occasional dull pain in the right shoulder radiating to the upper back and right arm and hand level. The pain increases with lying down on the right side, rotation, and reaching overhead. She notes instability of the shoulder as well as clicking, popping, and grinding sensation. There is swelling, numbness, tingling, and burning sensation. The pain level varies with a level of 2/10 on the pain scale of 1 to 10. Patient also experiences anxiety, depression, insomnia, nervousness, and frustration. Examination of the shoulder reveals the patient has about 6-cm cervical scar over the right deltoid, which is well healed. There is significant decrease range of motion to the right shoulder with flexion as well as abduction. She has pain with movement. There is positive Apley's, severely positive supraspinatus press test, as well as positive impingement syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

INITIAL FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and

Environmental Medicine, 2nd Edition: Chapter 7; Independent Medical Examinations and Consultations (pages 132--139).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, Functional Capacity Evaluations, pages 137-139.

Decision rationale: ACOEM guidelines do not support routine use of functional capacity evaluation. It states that the examiner is responsible for determining whether the impairment results in functional limitation. There is little evidence that FCEs can predict an individual's actual capacity to perform in the workplace. FCEs are reserved for special circumstances when the employer or adjuster requests for it. In this case, although the treating physician recommends authorization for patient to obtain an initial functional capacity evaluation, he does not discuss why the FCE is being requested. FCEs are indicated if there is a specific or special need, and when it is requested by the claims adjuster or the employer. Recommendation is for denial.